

# MICHELLE CHINGWA EDUCATION ASSISTANCE SCHOLARSHIP PROGRAM APPLICATION COVER SHEET

**Miigwetch for your interest in the LTBB Gijigowi Bipskaabiimi Department's scholarship program. Enclosed in this application packet you will find the following:**

- Student must submit a completed application packet to apply for the MCEA scholarship, which includes the following:
    1. MCEA application
    2. Release of Information
    3. Student Aid Report from the Free Application for Federal Student Aid (FAFSA)
    4. Copy of current schedule
    5. Copy of most recent grade reports (*last time awarded & last time attended*) reflecting cumulative GPA
  - Eligibility for the MCEA scholarship is based on four specific criteria:
    1. The student must be an enrolled member of Little Traverse Bay Bands of Odawa Indians
    2. The student must be enrolled in the educational institution for which the scholarship is being applied
    3. The student must maintain a 2.0 overall/cumulative GPA (this item is subject to appeal)
    4. The student must have applied for other available financial aid. This includes the Michigan Indian Tuition Waiver and the Free Application for Federal Student Aid (FAFSA)
  - The scholarship shall be calculated on a semester equivalent per credit hour basis with five classifications\*\*:
    - **CLASS 1: Courses or college programs that are sponsored by LTBB and provided nearly free to student.**
      - (\$25/credit hr.)
    - **CLASS 2: Junior or Community colleges**
      - (\$150/credit hr.)
    - **CLASS 3: Four year colleges or four year degree programs**
      - (\$250/credit hr.)
    - **CLASS 4: Graduate level courses**
      - (\$350/credit hr.)
    - **CLASS 5: Free courses (no out-of-pocket cost to student)**
      - (\$15/credit hr.)
- \*\*these rates may be adjusted to meet allocated budget**
- Deadlines for a school operating under the standard semester system are established as follows:
  - **Fall (August – December): October 1<sup>st</sup>**
  - **Winter/Spring (January – May): February 15<sup>th</sup>**
  - **Summer (May – August): June 15<sup>th</sup>**
  - **For any schedule that operates outside of the standard semester system described above (i.e. quarters, trimesters, continuous schedule), the deadline will be 30 days after the start date of your 1<sup>st</sup> class**
- Higher Education Student Services Specialist verifies the student's application file is complete. Calculations are made to determine the semester award based on Executive Directive #6-12052007-01.
- The continuation of a student's scholarship application for subsequent semesters during an academic year relies on the submission of a new course schedule for the upcoming semester and previous semester grades before established deadlines.
- LTBB members wishing to appeal a decision made in the Michelle Chingwa Education Assistance scholarship program will follow the approved "Appeal Policy" guidelines as approved by the Executive in REG-WOS 2007-05-080809-006.

This application cover sheet serves to provide information for the student and reflects WOS 2007-005, Executive Directive #6-12052007-01, and REG-WOS 2007-05-080809-006. **COPIES OF EACH ARE AVAILABLE UPON REQUEST. PLEASE CONTACT THE EDUCATION DEPARTMENT FOR MORE INFORMATION.**

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**  
**MICHELLE CHINGWA EDUCATION ASSISTANCE SCHOLARSHIP APPLICATION**  
**SCHOOL YEAR 20\_\_ TO 20\_\_**  
**Application: New\_\_ Continued\_\_**

**NAME:** Last First Middle Maiden Soc. Sec. #  
\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Tribal Enrollment # \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOME ADDRESS:**

STREET \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**SCHOOL ADDRESS (Where you live while at school):** check if same as above \_\_\_\_\_

STREET \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**NAME OF HIGH SCHOOL:** \_\_\_\_\_ Diploma \_\_\_\_\_ or GED \_\_\_\_\_

**COLLEGE/UNIVERSITY:** Public \_\_\_\_\_ Private \_\_\_\_\_ Tribal \_\_\_\_\_

NAME: \_\_\_\_\_

COLLEGE MAJOR: \_\_\_\_\_

**\*\*COURSE CLASSIFICATION\*\*** (see cover sheet) (circle all that apply)

Class 1                      Class2                      Class 3                      Class 4                      Class 5

**EXPECTED DEGREE (circle one):**    AA    AS    BA    BS    MA    MS    Ph.D.    CERTIFICATE

**I EXPECT TO ATTEND THE FOLLOWING TERMS AND TAKE AN ESTIMATED # OF CREDITS:**

FALL 20\_\_ CREDITS: \_\_\_\_ WINTER 20\_\_ CREDITS: \_\_\_\_

SPRING 20\_\_ CREDITS: \_\_\_\_ SUMMER 20\_\_ CREDITS: \_\_\_\_

**THIS YEAR, I WILL BE A:** \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Graduate Student

**STUDENT STATEMENT OF CERTIFICATION---IMPORTANT---READ CAREFULLY:**

I declare that the information I have provided is true, correct, and complete to the best of my knowledge. I agree to the program guidelines as defined by the Michelle Chingwa Education Assistance Statute 2007-005 and its implementing regulations. I agree that I will contact the financial aid office of my institution and apply for other financial aid that may be available to me. I further agree to notify the Education Department of withdrawn credits, incomplete courses, school transfer, graduation, and degree/certificate earned.

\_\_\_\_\_  
Signature of Student                      Date

**Little Traverse Bay Bands of Odawa Indians**  
**Education Department**  
**Michelle Chingwa Education Assistance Scholarship**  
**RELEASE OF INFORMATION**

---

Students Printed Name

Social Security Number

Special terms that apply:

*Education Department* means the Education Department of Little Traverse Bay Bands of Odawa Indians.

*Financial Aid Office* means the office of an institution of higher education that has responsibility for institutionally administered financial aid.

*Financial Aid Package* means the institution's documents that identify the amounts and types of financial aid awarded by the institution and the amount of unmet need or the SAR.

*Transcripts* mean an official copy of the student's courses, grades, and grade point average to date of the request.

*Tribe* means the Little Traverse Bay Bands of Odawa Indians or the Waganakising Odawa.

*Special Achievements* means events worthy of certificates, publications such as a dissertation or thesis, Dean's List or other lists of academic achievements, and employment after graduation.

*Press release* means any form of public notification i.e. Tribal News Letter, Annual Tribal meeting, bulletin boards, and World Wide Web.

Authorization:

I authorize the financial aid office of any school I am attending to notify the Tribe of my financial need and further authorize any school I am attending to release a copy of my financial aid package and my transcripts to the Tribe's Education Department for each term of attendance. I also authorize the Education Department to make Press releases on my behalf in cases of special achievements, graduations, and any other event I may want published. This authorization is made with the understanding that the information will be used with the exception of press releases only for processing my scholarship and for data collection and reporting requirements as established by the Tribe.

---

Signature of Student

---

Date

## Authorization to Release Information

---

In the United States, the Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records. Therefore, Little Traverse Bay Bands of Odawa Indians Education Department cannot release any personally identifiable information contained in a student's educational records, either verbally or in writing, without prior written consent. A parent does not have the automatic right to view the student records of their child, unless that child is a dependent under 18 years of age as defined by IRS regulations. Students may grant a third party (i.e. parent, family member, friend, spouse, or other individual or organization) permission to access student educational records by completing this form and returning it to the Little Traverse Bay Bands of Odawa Indians Education Department.

I, (full name) \_\_\_\_\_ authorize Little Traverse Bay Bands of Odawa Indians Education Department to release information regarding my student file in whole or in part to the following individual(s).

Name (First, Middle Initial, Last)	Relationship to Student	Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Tribal ID Number

\_\_\_\_\_  
Date

- If you no longer wish for the listed individual(s) to have access to information in your file, you must notify the Education Department in writing.